

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 977  
Registrar's No. 886

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 16

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 21 years  
years, months or days)

3. (a) PRINT FULL NAME Walter Ward

3. (b) If veteran, name war..... world 3. (c) Social Security No. ....

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 7, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 9 13 hr. min.

9. Birthplace Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business.....

12. Name John Ward

13. Birthplace Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Wilson

15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith  
(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 1-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barracks

18. (a) Signature of funeral director J. H. Randle

(b) Address 3133 Belfair

19. (a) (Date received local registrar) (b) J. F. Braddock  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2134 Eugenia  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20,  
year 1942 hour 11 minute 04 A. M.

21. I hereby certify that I attended the deceased from January 15,  
1942, to January 20, 1942,

that I last saw him alive on January 20, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unknown

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. W. Johnson (M. D. certifier)  
Address 2601 N. Whittier Date signed 1/21/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by St Louis  
University School of Medicine, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Dr. D. M. Fahrenmaker  
Prof. of Anatomy  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address 1402 20 Grand

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**